

# **Non-Bargaining Unit Job Announcement**

## **LABORER I - RECREATION WORKER**

**Two Vacancies**  
**67 Day Temporary – Winter**  
**Approximately 40 hours per week**  
**\$8.00 - \$8.50 per hour**

### **Purpose:**

Lead, teach, and supervise indoor and outdoor recreational activities for children and adults at ice rinks, as well as clean and perform general upkeep of buildings and rink areas, including removal of snow.

### **Requirements:**

Must have possession of a valid driver's license. Must be age 18 or older. Must be able to work evenings, weekends, and holidays.

Requires ability to: shovel snow and control slippery walking surfaces; lead, teach, and supervise participants in on-site indoor and outdoor recreational activities; conduct necessary preparation and cleanup duties for each recreational activity; communicate orally with diverse groups of individuals and supervise people of all ages while using ice rink facilities and during recreational activities; administer first aid, as needed; prepare reports; work outdoors in cold, windy and snowy weather conditions; perform a variety of physical activities such as snow shoveling, bending, stooping, squatting, crouching, kneeling, pushing, pulling, lifting, and maintaining balance on icy surfaces; lift and carry items weighing up to 50 pounds, such as table, chairs, bags/buckets of deicer and hand plows.

### **Obtaining Applications:**

Application packets are available at the Human Resources Office, 411 West First Street Room 313, Duluth, MN 55802. The fillable PDF version of this application can be found and filled out on our website [www.duluthmn.gov/employment](http://www.duluthmn.gov/employment).

### **Filing Applications:**

**APPLICATIONS MUST BE RECEIVED BY 4:30 PM LOCAL TIME ON THE CLOSING DATE OF DECEMBER 11, 2012.** Applications can be submitted to the Human Resources Office in person, by mail, or as an email attachment to [hrinformation@duluthmn.gov](mailto:hrinformation@duluthmn.gov). It is the responsibility of the applicant to verify that the application is on file on or before the closing date.

**December 5, 2012**



**NON-UNION TEMPORARY/PART-TIME  
EMPLOYMENT APPLICATION  
CITY OF DULUTH  
411 West First Street #313  
Duluth, Minnesota 55802**

**PRINT CLEARLY WITH INK**

<b>Name:</b> _____		
(Last)	(First)	(Middle Initial)
<b>Address:</b> _____		
(Street)	(City, State, Zip Code)	
<b>Phone Number:</b> _____	<b>E-mail Address:</b> _____	

<b>Title of Position(s) you are applying for:</b> _____
<b>Department in which you desire employment:</b> _____

**PAID & VOLUNTEER EXPERIENCE**

List below a complete statement of your last five years of work history, starting with the most recent:

Dates of Employment (Month/Year)	Name & Address of Employer	Salary	Describe the work you performed	Reason for Leaving
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				

(Continued on Reverse Side)

## EDUCATION

Circle last grade of school completed:  1 2 3 4 5 6 7 8 9 10 11 12 (GED)	Name & Location of School:	Did you graduate?  <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Education/Training	Name & Location of School	Dates of Attendance	Degree Received
Are you currently a student? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of school:	If yes, number of classes/credits currently enrolled in: _____	

**Please answer the questions below:**

**Have you worked for the City of Duluth before?**      ☐ Yes      ☐ No

If yes, which department and when? \_\_\_\_\_

**What special skills do you possess?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What special license(s) and/or certificates do you possess?** \_\_\_\_\_  
\_\_\_\_\_

**Do you possess a valid Minnesota driver's license or privilege?**    ☐ Yes    ☐ No

**Would you accept:**    ☐ Part-time Work    ☐ Full-time Work

**What hours and days are you available for work?** \_\_\_\_\_

**When would you be able to begin employment?** \_\_\_\_\_

**If required in this position:**

Are you able to do continuous heavy lifting?      ☐ Yes      ☐ No

Are you able to work outside in all types of weather?    ☐ Yes      ☐ No

**Additional information you would like to add regarding your qualifications for this position:**

\*\*\*\*\*

**I understand that any false or incomplete answer or statement contained on this application will subject me to rejection before appointment, or dismissal after appointment.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Complete the following form ONLY if you are a full-time student under the age of 22 and wish to be eligible to fill temporary positions lasting up to 100 working days.

Section A must be completed by you.  
Section B must be completed by your school.

The form must be returned with your application to be considered for 100 day positions.

# FULL-TIME STUDENT EXCLUSION CERTIFICATION

## Public Employees Retirement Association

60 Empire Dr., Ste. 200; St. Paul, MN 55103-2088

Phone 651-296-7460 or 1-800-652-9026



**INSTRUCTIONS:** Use this form to confirm exclusion from membership in PERA of an employee who is a full-time student and under the age of 23. Any refund payable based on this status will be delayed until receipt of this completed form. Part A is to be completed by the student/employee. Part B should be completed by the accredited school in which the student is enrolled full-time, and Part C is to be completed by the employer. Signatures are required in both Parts B and C for this form to be valid.

### IMPORTANT FACTS ABOUT THE DATA REQUESTED ON THIS FORM

This certification is necessary to determine exemption from membership in PERA, pursuant to Minnesota Statutes, Section 353.01, Subdivision 2b(8), which reads in part as follows:

“employees of a governmental subdivision who have not reached the age of 23 and are enrolled on a full-time basis to attend or are attending classes on a full-time basis at an accredited school, college, or university in an undergraduate, graduate, or professional-technical program, or a public or charter high school”

The data collected through this form will be used for identification purposes and, if applicable, will assist in processing a refund of PERA contributions. The student's Social Security number, mailing address, name of school, and enrollment dates are classified as PRIVATE and are available only to this person, to the staff who must use it to conduct PERA business, and to entities authorized access by law. No private data on this student will be shared with any unauthorized person(s) without informed written consent from this individual.

#### FOR COMPLETION BY THE EMPLOYEE/STUDENT

<b>A</b>	Name (PLEASE PRINT) - Last, First, Middle Initial	Social Security Number	PERA Member No.
	Mailing Address - Number and Street, PO Box, Rural Route, etc.		
	City	State	Zip Code
	NOTE: It is your responsibility to inform your employer of a change in full-time school attendance while you are employed. Such notification to your employer should be as early as possible so the appropriate actions can be taken.		

#### FOR COMPLETION BY THE ACCREDITED SCHOOL

<b>B</b>	I hereby certify that the above-named is/was in full-time attendance according to this school's standards and practices for the following period:	Beginning Date	Ending Date (Actual or Anticipated)
	Name of School		
	Signature and Title of School Official		Date

#### FOR COMPLETION BY THE EMPLOYER

<b>C</b>	I understand that the full-time student exclusion is allowable for only those who are a full-time student (as indicated by the accredited school section above) and under the age of 23. If the employee turns 23 while in our employment, the exclusion is no longer valid and the employee must be enrolled in PERA.	
	Name of Employer and Department (if applicable)	Unit No.-Unique Code
	Authorized Signature and Title	Date Signed
	NOTE: When full-time school attendance ceases the employee will be eligible for PERA membership if earnings exceed current salary requirements.	



# City of Duluth

## Human Resources

### Equal Opportunity Reporting Data

The following information is collected for statistical reporting purposes and will not be considered in the hiring decision. This page will be separated from the application and not communicated with individuals who have input to the hiring decision. This information is voluntary, but we ask that you complete it in order to assist us in our recruiting and reporting efforts. Please print clearly to prevent mistakes in data entry. Thank you for filling this out.

<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>	
<b>Street Address</b>				<b>Apt No.</b>	
<b>City</b>			<b>State</b>		<b>Zip Code</b>
<b>Home Phone</b>		<b>Mobile Phone</b>		<b>Work Phone</b>	
<b>Email Address</b>			<b>Job Title/Job Number</b>		
<b>Veteran Status:</b> <input type="checkbox"/> Not a Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Spouse of Disabled/Deceased Veteran					
<b>Are you Hispanic or Latino?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>If you answered "No," please check a box below:</b>					
<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Two or More Races		<input type="checkbox"/> White	
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> Asian	
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male					
<b>Age Group:</b> <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-39 <input type="checkbox"/> 40 or Over					
<b>How did you hear about this job?</b>					
<input type="checkbox"/> City of Duluth Website		<input type="checkbox"/> Workforce Development Office			
<input type="checkbox"/> Friend or Relative		<input type="checkbox"/> City Bulletin Board			
<input type="checkbox"/> LinkUp Website		<input type="checkbox"/> Other Website: _____			
<input type="checkbox"/> Newspaper Printed Ad		<input type="checkbox"/> Other: _____			